

**K.S.Rangasamy College of Arts and Science (Autonomous)**  
 KSR Kalvi Nagar; Tiruchengode - 637 215

**Department of Visual Communication**  
**PHOTOGRAPHY REQUISITION FORM**

Date of Requisition:

Name of the Department	
Date of the Event	
Venue	
Time	From: _____ - To: _____
Faculty In-Charge (Name & Mobile No)	

**FACULTY**

**HoD**

**PRINCIPAL**

To be filled by Dept of Visual Communication	
Name of the Student(s) Allocated; Class	

**Signature of the HoD (Viscom)**

**Note:**

- Staff in-Charge for the event is asked to get the signature from HoD, Principal and Submit to Viscom Department.
- Visual Communication Dept Students are asked to inform their respective subject In-charge before going to the event.
- **To be submitted two days before the date of the event**
- Photographs have to be collected within two working days of the event.
- Photographs of the Event will not be kept in the Visual Communication department after one week of the event date.